

**RECEIVED
CENTRAL FAX CENTER****FEB 05 2007**

Facsimile

Date: February 5, 2007

	Name	Fax	Phone
To:	U.S. Patent and Trademark Office (USPTO)	(571) 273-8300	
From:	Don D. Cha, Ph.D. DCha@HDCIPLaw.com	(303) 955-8369	(303) 955-8103
Pages	Including this Cover Page: (2)		

Re: US Patent Application No.: 09/518,081
Filing Date: March 3, 2000
First Named Inventor: Leland Shapiro
Art Unit: 1656
Examiner Name: Moore, William w.

Attorney Docket Number: SHAP-000300 (formerly 7049782001)

Message:

Dear Examiner William Moore:

Attached, please find an executed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address with respect to the above-referenced matter.

Please update your record accordingly. If you have any questions, please feel free to contact me.

Thank you.

Don D. Cha
Registration No. 40,945

FEB 05 2007

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0851-0038

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/518,081
Filing Date	March 3, 2000
First Named Inventor	Leland Shapiro
Art Unit	1656
Examiner Name	Moore, William W.
Attorney Docket Number	SHAP-000300 (FORMERLY 7049783001)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 68514

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

68514

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Leland Shapiro

Name

Leland Shapiro

Date

2/5/07

Telephone

(720) 339-7207

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1 800-PTO-9199 and select option 2.